

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM **460**

Date Stamp

Page 1 of 70

For Official Use Only

Statement covers period

from 01/01/2010

through 03/17/2010

Date of election if applicable:
(Month, Day, Year)

06/08/2010

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

☒ General Purpose Committee

- ☒ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1235948

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS)

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------------------|-----------|--------------|----------------------|
| <u>Roseville</u> | <u>CA</u> | <u>95678</u> | <u>(916)783-1332</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-----------|--------------|-----------------|
| <u>Sacramento</u> | <u>CA</u> | <u>95814</u> | |

OPTIONAL: FAX/E-MAIL ADDRESS

(916) 772-9220 / Kimberlyh@eichmanpcpa.com 347700KAH

Treasurer(s)

NAME OF TREASURER
J. Richard Eichman

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-----------|--------------|-----------------------|
| <u>Sacramento</u> | <u>CA</u> | <u>95814</u> | <u>(916) 442-2280</u> |

NAME OF ASSISTANT TREASURER, IF ANY
Laura Ann Stephen

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-----------|--------------|-----------------------|
| <u>Sacramento</u> | <u>CA</u> | <u>95814</u> | <u>(916) 442-2280</u> |

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 03/17/2010 By J. Richard Eichman
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)
Sought:

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME I.D. NUMBER

NAME OF TREASURER CONTROLLED COMMITTEE?
☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER JURISDICTION ☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOUGHT OR HELD ☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
| through | 03/17/2010 | Page 3 of 70 |
| | | I.D. NUMBER 1235948 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS)

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$36,500.00 | \$36,500.00 |
| 2. Loans Received | Schedule B, Line 7 | \$0.00 | \$0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$36,500.00 | \$36,500.00 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | \$0.00 | \$0.00 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$36,500.00 | \$36,500.00 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$0.00 | \$0.00 |
| 21. Expenditures Made | \$0.00 | \$0.00 |

Expenditures Made

| | | | |
|--|----------------------|-------------|-------------|
| 6. Payments Made | Schedule E, Line 4 | \$14,233.75 | \$14,233.75 |
| 7. Loans Made | Schedule H, Line 7 | \$0.00 | \$0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$14,233.75 | \$14,233.75 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | \$0.00 | \$0.00 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | \$0.00 | \$0.00 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$14,233.75 | \$14,233.75 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Current Cash Statement

| | | | |
|---|---|--------------|--|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$119,568.53 | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). |
| 13. Cash Receipts | Column A, Line 3 above | \$36,500.00 | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$0.00 | |
| 15. Cash Payments | Column A, Line 8 above | \$14,233.75 | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$141,834.78 | |
| If this is a termination statement, Line 16 must be zero. | | | |
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$0.00 | |

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|--------|
| 18. Cash Equivalents | See instructions on reverse | \$0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$0.00 |

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.






SCHEDULE A

| | | |
|-------------------------|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 01/01/2010 | | |
| through 03/17/2010 | | Page 4 of 70 |
| | | I.D. Number 1235948 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS)

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/20/2010 | Arsalan Ahani San Mateo, CA 94401 Memo Reference: INC2289 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Arsalan Ahani, OMS Oral & Maxillofacial Surgeon | \$500.00 | \$500.00 | |
| 1/1/2010 | Robert G. Allen Petaluma, CA 94954 Memo Reference: INC2221 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Robert G. Allen, OMS Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| 2/3/2010 | Eric M. Alltucker San Luis Obispo, CA 93401 Memo Reference: INC2334 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Eric M. Alltucker, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/21/2010 | Joseph E. Anthony Diamond Bar, CA 91765 Memo Reference: INC2296 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Joseph E. Anthony, OMS Oral & Maxillofacial Surgeons | \$100.00 | \$100.00 | |
| 1/25/2010 | Thomas G. Auyong Diamond Bar, CA 91765 Memo Reference: INC2306 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Thomas G. Auyong, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |

SUBTOTAL

Schedule A Summary

1. Amount received this period - contributions of \$100 or more.

(Include all Schedule A subtotals.) \$36,400.00

2. Amount received this period - unitemized contributions of less than \$100 \$100.00

3. Total monetary contributions received this period.

(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) **TOTAL** \$36,500.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee






FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 01/01/2010 | | |
| through 03/17/2010 | | Page 5 of 70 |
| NAME OF FILER California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS) | | I.D. Number 1235948 |

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/1/2010 | Stanley D. Baker Modesto, CA 95350 Memo Reference: INC2217 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Stanley D. Baker, OMS Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| 1/20/2010 | Steven D. Barney Rolling Hills Estates, CA 92027 Memo Reference: INC2288 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Steven D. Barney, OMS Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| 2/1/2010 | William S. Bate San Diego, CA 92128 Memo Reference: INC2323 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | William S. Bate, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/11/2010 | Richard M. A. Berger Berkeley, CA 94704 Memo Reference: INC2261 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Richard M. A. Berger, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/6/2010 | Rick J. Berrios Huntington Beach, CA 92648 Memo Reference: INC2249 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Rick J. Berrios, OMS Oral & Maxillofacial Surgeon | \$200.00 | \$200.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee






Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
| | | Page <u>6</u> of <u>70</u> |
| NAME OF FILER California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS) | | I.D. Number 1235948 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/6/2010 | Philip B. Bhaskar Monterey, CA 93940 Memo Reference: INC2255 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Philip B. Bhaskar, OMS Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| 1/4/2010 | Brian B. Blatter Concord, CA 94520 Memo Reference: INC2228 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Brian B. Blatter, DDS Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| 1/11/2010 | Craig Bloom Berkeley, CA 94704 Memo Reference: INC2262 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Craig Y. Bloom, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/6/2010 | John A. Boghossian San Carlos, CA 94070 Memo Reference: INC2253 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | John A. Boghossian, OMS Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| 2/26/2010 | George W. Brownridge Chico, CA 95926 Memo Reference: INC2345 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | George W. Brownridge, OMS Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee






Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 01/01/2010 | | |
| through 03/17/2010 | | Page 7 of 70 |
| NAME OF FILER California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS) | | I.D. Number 1235948 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/1/2010 | Ralph D. Buoncristiani Santa Monica, CA 90404 Memo Reference: INC2318 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ralph D. Buoncristiani, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/13/2010 | Gary D. Carlsen Huntington Beach, CA 92647 Memo Reference: INC2279 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Gary D. Carlsen, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/18/2010 | Paul J. Carroll San Jose, CA 95118 Memo Reference: INC2284 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Paul J. Carroll, OMS Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| 1/12/2010 | Andrew K. Chang San Diego, CA 92131 Memo Reference: INC2276 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Andrew K. Chang, OMS Oral & Maxillofacial Surgeon | \$500.00 | \$500.00 | |
| 1/18/2010 | William J. Clark Oxnard, CA 93030 Memo Reference: INC2285 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | William J. Clark, OMS Oral & Maxillofacial Surgeon | \$350.00 | \$350.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee






Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 01/01/2010 | | |
| through 03/17/2010 | | Page 8 of 70 |
| NAME OF FILER California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS) | | I.D. Number 1235948 |

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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/6/2010 | Neal L. Cole Oxnard, CA 93030 Memo Reference: INC2251 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Neal L. Cole, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 2/1/2010 | Brian C. Cooper Placentia, CA 92870 Memo Reference: INC2329 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Brian C. Cooper, DDS Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| 2/1/2010 | Steven D. Darmstadt Anaheim, CA 92801 Memo Reference: INC2319 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Steven D. Darmstadt, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 2/3/2010 | Mitchell Day Palo Alto, CA 94204 Memo Reference: INC2333 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Mitchell Day, DDS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/12/2010 | Dennis C. De Tomasi, DDS Yuba City, CA 95991 Memo Reference: INC2275 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Dennis C. De Tomasi, DDS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee






Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
| | | Page <u>9</u> of <u>70</u> |
| NAME OF FILER California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS) | | I.D. Number 1235948 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/6/2010 | Mary Delsol Dana Point, CA 92629 Memo Reference: INC2252 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Mary A. Delsol, DDS, OMS Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| 1/25/2010 | Craig Dever La Jolla, CA 92037 Memo Reference: INC2302 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Craig Dever, OMS Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| 1/8/2010 | Dean L. Duncan San Francisco, CA 94127 Memo Reference: INC2258 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Dean L. Duncan, OMS Oral & Maxillofacial Surgeon | \$500.00 | \$500.00 | |
| 2/4/2010 | James R. Eckstein San Diego, CA 92103 Memo Reference: INC2335 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | James R. Eckstein, OMS Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| 2/22/2010 | Jeffrey Elo Santa Ana, CA 92704 Memo Reference: INC2344 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Jeffrey Elo, OMS Anesthesiologist | \$200.00 | \$200.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee






Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 01/01/2010 | | |
| through 03/17/2010 | | Page 10 of 70 |
| NAME OF FILER California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS) | | I.D. Number 1235948 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/1/2010 | Richard A. Fagin Palo Alto, CA 94301 Memo Reference: INC2218 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Richard A. Fagin, OMS Oral & Maxillofacial Surgeon | \$300.00 | \$300.00 | |
| 2/1/2010 | Ted F. Feder, DDS Northridge, CA 91324 Memo Reference: INC2320 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ted F. Feder, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/11/2010 | William J. Ferguson, Jr. Ventura, CA 93003 Memo Reference: INC2263 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | William J. Ferguson, Jr., OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/14/2010 | Deborah H. Finegold, DDS Selma, CA 93662 Memo Reference: INC2282 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Deborah H. Finegold, DDS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/5/2010 | Steven J. Flesch Encino, CA 91436 Memo Reference: INC2234 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Steven J. Flesch, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.






SCHEDULE A (CONT.)

| | | |
|-------------------------|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
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California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS)

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/14/2010 | Robert V. Fontanesi Orange, CA 92868 Memo Reference: INC2281 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Robert V. Fontanesi, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/5/2010 | Larry V. Franz Oakland, CA 94612 Memo Reference: INC2235 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Larry V. Franz, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 2/1/2010 | Gerald Gelfand Woodland Hills, CA 91364 Memo Reference: INC2321 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Gerald Gelfand, OMS Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| 1/27/2010 | David H. Gilbert Upland, CA 91786 Memo Reference: INC2308 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | David H. Gilbert, OMS Oral & Maxillofacial Surgeon | \$350.00 | \$350.00 | |
| 1/29/2010 | John W. Given Santa Monica, CA 90404 Memo Reference: INC2313 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | John W. Given, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
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| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
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| NAME OF FILER California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS) | | I.D. Number 1235948 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/11/2010 | Evan Seth Gold Escondido, CA 92025 Memo Reference: INC2266 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Evan Seth Gold, OMS Oral & Maxillofacial Surgeons | \$100.00 | \$100.00 | |
| 1/26/2010 | Mark A. Grecco Manteca, CA 95337 Memo Reference: INC2307 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Mark A. Grecco, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/11/2010 | Keith R. Gronbach Pinole, CA 94564 Memo Reference: INC2271 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Keith R. Gronbach, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/27/2010 | Paul Hall Daly City, CA 94015 Memo Reference: INC2309 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Paul Hall, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/4/2010 | Randall W. Halliday San Bernardino, CA 92404 Memo Reference: INC2230 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Randall W. Halliday, OMS Oral & Maxillofacial Surgeons | \$350.00 | \$350.00 | |
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/6/2010 | Andrew D. Harsany San Jose, CA 95135 Memo Reference: INC2246 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Andrew D. Harsany, OMS Oral & Maxillofacial Surgeons | \$350.00 | \$350.00 | |
| 1/5/2010 | Charles D. Hasse Irvine, CA 92618 Memo Reference: INC2236 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Dr. Charles Hasse, D.D.S. Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| 1/1/2010 | Gregory J. Heise Sacramento, CA 95816 Memo Reference: INC2219 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Gregory J. Heise, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/12/2010 | Victor Ho Rowland Heights, CA 91748 Memo Reference: INC2274 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Victor Ho, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/20/2010 | David A. Hochwald Bellflower, CA 90706 Memo Reference: INC2291 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | David A. Hochwald, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
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California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS)

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/1/2010 | Dick M. Hom Concord, CA 94519 Memo Reference: INC2324 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Dr. Dick M. Hom Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 2/4/2010 | Brennan L. Hughes Montebello, CA 90640 Memo Reference: INC2336 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Brenna L. Hughes, OMS Oral & Maxillofacial Surgeon | \$100.00 | \$100.00 | |
| 1/12/2010 | A. Thomas Indresano San Francisco, CA 94115 Memo Reference: INC2273 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | A. Thomas Indresano, OMS Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| 1/6/2010 | Richard F. Jackson Sacramento, CA 95816 Memo Reference: INC2250 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Richard F. Jackson, OMS Oral & Maxillofacial Surgeons | \$200.00 | \$200.00 | |
| 1/1/2010 | Murray K. Jacobs Modesto, CA 95355 Memo Reference: INC2220 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Murray K. Jacobs, OMS Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
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Schedule A (Continuation Sheet) Monetary Contributions Received

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| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/6/2010 | Leon A. Jonker Fresno, CA 93720 Memo Reference: INC2254 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Leon A. Jonker, OMS Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| 1/25/2010 | Vivian Jui Irvine, CA 92618 Memo Reference: INC2301 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Vivian Jui, OMS Oral & Maxillofacial Surgeons | \$100.00 | \$100.00 | |
| 1/20/2010 | Ronald M. Kaminishi Bellflower, CA 90706 Memo Reference: INC2295 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ronald M. Kaminishi, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/25/2010 | Joseph Kim Mountain View, CA 94040 Memo Reference: INC2310 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Joseph Kim, OMS Oral & Maxillofacial Surgeon | \$500.00 | \$500.00 | |
| 1/6/2010 | Roger S. Kingston San Diego, CA 92130 Memo Reference: INC2256 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Roger S. Kingston, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

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| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
| | | Page <u>16</u> of <u>70</u> |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/20/2010 | Stephen L. Kreizenbeck Rancho Mirage, CA 92270 Memo Reference: INC2292 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Scheer Kreizenbeck Professional Partnership Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| 1/11/2010 | Bryan R. Krey Berkeley, CA 94704 Memo Reference: INC2264 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Bryan R. Krey, OMS Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| 1/20/2010 | Michael La Puma San Luis Obispo, CA 93401 Memo Reference: INC2293 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Michael L. La Puma, DMD Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| 2/1/2010 | Pritchard Lam Concord, CA 94519 Memo Reference: INC2317 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Pritchard Lam, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/1/2010 | Chris A. Larson Garden Gove, CA 92845 Memo Reference: INC2222 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Chris A. Larson, OMS Oral & Maxillofacial Surgeons | \$350.00 | \$350.00 | |
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Schedule A (Continuation Sheet) Monetary Contributions Received

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| through <u>03/17/2010</u> | | |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/25/2010 | Calvin Y. Lee San Francisco, CA 94116 Memo Reference: INC2304 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Calvin Y. Lee, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/11/2010 | Steve M. Leighty Grass Valley, CA 95945 Memo Reference: INC2265 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Steve M. Leighty, OMS Oral & Maxillofacial Surgeon | \$500.00 | \$500.00 | |
| 1/11/2010 | Daniel E. Levin Huntington Beach, CA 92648 Memo Reference: INC2260 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Daniel E. Levin, OMS Oral & Maxillofacial Surgeon | \$350.00 | \$350.00 | |
| 2/8/2010 | Donald Robert Libert Sacramento, CA 95823 Memo Reference: INC2340 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Donald Robert Liberty, OMS Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| 1/18/2010 | John L. Lytle La Canada, CA 91011 Memo Reference: INC2286 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | John L. Lytle, OMS Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
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Schedule A (Continuation Sheet) Monetary Contributions Received

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/1/2010 | Peter E. Lyu San Francisco, CA 94108 Memo Reference: INC2330 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Peter E. Lyu, OMS Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| 1/11/2010 | Richard Mandel Santa Ana, CA 92705 Memo Reference: INC2267 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Richard Mandel, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/6/2010 | George Maranon Tarzana, CA 91356 Memo Reference: INC2245 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | George Maranon, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/25/2010 | Terrence F. McCarthy Cypress, CA 90630 Memo Reference: INC2303 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Terrence F. McCarthy, OMS Oral & Maxillofacial Surgeons | \$100.00 | \$100.00 | |
| 1/4/2010 | Ian S. McDonald Escondido, CA 92025 Memo Reference: INC2231 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ian S. McDonald, OMS Oral & Maxillofacial Surgeon | \$100.00 | \$100.00 | |
| SUBTOTAL | | | | | | |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/1/2010 | Ronald B. Mead San Luis Obispo, CA 93405 Memo Reference: INC2216 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ronald B. Mead, OMS Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| 1/21/2010 | Daniel S. Miller Huntington Beach, CA 92647 Memo Reference: INC2297 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Daniel S. Miller, OMS Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| 1/21/2010 | Larry J. Moore Torrance, CA 90503 Memo Reference: INC2298 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Larry J. Moore, OMS Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| 1/5/2010 | Darryl L. Morris Rialto, CA 92376 Memo Reference: INC2244 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Darryl L. Morris, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/5/2010 | Ned Leonard Nix San Jose, CA 95123 Memo Reference: INC2243 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ned L. Nix, DDS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee






Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 01/01/2010 | | |
| through 03/17/2010 | | Page 20 of 70 |
| NAME OF FILER California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS) | | I.D. Number 1235948 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/6/2010 | Ronald J. Northrop Fresno, CA 93720 Memo Reference: INC2247 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Ronald J. Northrop, OMS Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| 1/20/2010 | Thomas T. Omoto San Pedro, CA 90732 Memo Reference: INC2294 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Thomas T. Omoto, OMS Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| 2/1/2010 | Mark E. Oseas Torrance, CA 90505 Memo Reference: INC2316 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Mark E. Oseas, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 2/1/2010 | Howard H. Park Santa Monica, CA 90404 Memo Reference: INC2322 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Howard H. Park, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/5/2010 | Jeffrey C. Payne Stockton, CA 95207 Memo Reference: INC2233 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Jeffrey C. Payne, OMS Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|-----------------------------|
| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
| | | Page <u>21</u> of <u>70</u> |
| NAME OF FILER California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS) | | I.D. Number 1235948 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/4/2010 | David R. Plocki Murrieta, CA 92562 Memo Reference: INC2229 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | David R. Plocki, OMS Oral & Maxillofacial Surgeons | \$200.00 | \$200.00 | |
| 2/3/2010 | Scott W. Podlesh Santa Clara, CA 95050 Memo Reference: INC2331 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Scott W. Podlesh, OMS Oral & Maxillofacial Surgeons | \$350.00 | \$350.00 | |
| 1/14/2010 | Andrew Rahn Fresno, CA 93720 Memo Reference: INC2280 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Dr. Andrew Rahn Oral & Maxillofacial Surgeons | \$200.00 | \$200.00 | |
| 1/5/2010 | David M. Rainero Walnut Creek, CA 94596 Memo Reference: INC2239 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | David M. Rainero, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 2/8/2010 | Sanford L. Ratner Santa Ana, CA 92705 Memo Reference: INC2342 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Sanford L. Ratner, MD, OMS Oral & Maxillofacial Surgeons | \$150.00 | \$150.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)






| | | |
|-------------------------|------------|-----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
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SEE INSTRUCTIONS ON REVERSE

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1235948

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/1/2010 | Robin Reisz Fresno, CA 93720 Memo Reference: INC2325 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Robin L. Reisz, OMS Oral & Maxillofacial Surgeons | \$100.00 | \$100.00 | |
| 1/5/2010 | Robert Relle Los Angeles, CA 90027 Memo Reference: INC2242 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Dr. Robert Relle Oral & Maxillofacial Surgeon | \$100.00 | \$100.00 | |
| 2/3/2010 | Jay Reznick Tarzana, CA 91356 Memo Reference: INC2332 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Dr. Jay Reznick Oral & Maxillofacial Surgeons | \$400.00 | \$400.00 | |
| 1/29/2010 | Richard C. Robert Jr. South San Francisco, CA 94080 Memo Reference: INC2315 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Richard C. Robert Jr., OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/29/2010 | Neal A. Roth Vallejo, CA 94591 Memo Reference: INC2312 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Neal A. Roth, OMS Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|-------------------------|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/18/2010 | Steven M. Rowan Merced, CA 95348 Memo Reference: INC2287 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Steven M. Rowan, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/1/2010 | Dustin L. Rowe, DDS Long Beach, CA 90808 Memo Reference: INC2223 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Dustin L. Rowe, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/5/2010 | Carl R. Runyon Walnut Creek, CA 94596 Memo Reference: INC2240 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Carl R. Runyon, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 2/1/2010 | Nick G. Salaita Lancaster, CA 93534 Memo Reference: INC2326 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Nick G. Salaita, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/1/2010 | John R. Saunderson Fairfield, CA 94533 Memo Reference: INC2224 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | John R. Saunderson, OMS Oral & Maxillofacial Surgeons | \$200.00 | \$200.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
|---|--|----------------------------|
| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/20/2010 | Phillip Seim Rancho Mirage, CA 92270 Memo Reference: INC2290 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Scheer Kreizenbeck Professional Partnership Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| 1/18/2010 | James Sellas San Bernardino, CA 92408 Memo Reference: INC2283 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | James P. Sellas, OMS Oral & Maxillofacial Surgeons | \$350.00 | \$350.00 | |
| 1/27/2010 | Tim Shahbazian Fremont, CA 94536 Memo Reference: INC2311 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Dr. Tim Shahbazian Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| 1/11/2010 | Casey K. Shimane Castro Valley, CA 94546 Memo Reference: INC2269 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Casey K. Shimane, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/23/2010 | Joseph W. Slaughter Santa Maria, CA 93455 Memo Reference: INC2300 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Joseph W. Slaughter, DDS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)

| | | |
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| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
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| NAME OF FILER California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS) | | I.D. Number 1235948 |

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/12/2010 | Terry Slaughter Salinas, CA 93901 Memo Reference: INC2277 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Terry Slaughter, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/29/2010 | W. Frederick Stephens Pasadena, CA 91105 Memo Reference: INC2314 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | W. Frederick Stephens, OMS Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| 1/1/2010 | Marwood M. Stout Oxnard, CA 93030 Memo Reference: INC2225 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Marwood M. Stout, OMS Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| 1/12/2010 | James S. Supancic, Jr. Visalia, CA 93291 Memo Reference: INC2278 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | James S. Supancic, Jr., OMS Oral & Maxillofacial Surgeon | \$100.00 | \$100.00 | |
| 1/11/2010 | Neal P. Swann Milpitas, CA 95035 Memo Reference: INC2270 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Neal P. Swann, OMS Oral & Maxillofacial Surgeons | \$400.00 | \$400.00 | |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)






| | | |
|-------------------------|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 01/01/2010 | | |
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1235948

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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/7/2010 | Gregory P. Thomas San Mateo, CA 94401 Memo Reference: INC2257 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Gregory P. Thomas, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/5/2010 | Kurt Thompson Folsom, CA 95630 Memo Reference: INC2238 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Kurt W. Thompson, DDS Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| 1/5/2010 | John A. Tomaich Davis, CA 95616 Memo Reference: INC2237 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | John A. Tomaich, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/4/2010 | Albert C. Tso Fremont, CA 94539 Memo Reference: INC2227 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Albert C. Tso, OMS Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| 2/1/2010 | Kyle Van Brocklin San Ramon, CA 94583 Memo Reference: INC2328 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Kyle Van Brocklin, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

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OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

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SCHEDULE A (CONT.)






| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 01/01/2010 | |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/6/2010 | Reed E. Van Wagenen Fresno, CA 93720 Memo Reference: INC2248 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Reed Van Wagenen, OMS Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| 1/25/2010 | Anthony P. Varboncoeur La Mesa, CA 91942 Memo Reference: INC2305 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Anthony P. Varboncoeur, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/5/2010 | Norman G. Wat Fremont, CA 94536 Memo Reference: INC2241 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Norman G. Wat, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 1/1/2010 | Russell I. Webb Upland, CA 91786 Memo Reference: INC2226 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Russell I. Webb, OMS Oral & Maxillofacial Surgeons | \$250.00 | \$250.00 | |
| 2/8/2010 | Robert T. Wheeler, Jr. Lake Forest, CA 92630 Memo Reference: INC2341 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Robert T. Wheeler, Jr., OMS Oral & Maxillofacial Surgeon | \$250.00 | \$250.00 | |
| SUBTOTAL | | | | | | |

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| Statement covers period from <u>01/01/2010</u> | | CALIFORNIA FORM 460 |
| through <u>03/17/2010</u> | | |
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|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 1/21/2010 | Bruce L. Witcher San Luis Obispo, CA 93401 Memo Reference: INC2299 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Bruce L. Witcher, OMS Oral & Maxillofacial Surgeons | \$500.00 | \$500.00 | |
| 1/5/2010 | Monty C. Wilson Orange, CA 92865 Memo Reference: INC2232 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Monty C. Wilson, OMS Oral & Maxillofacial Surgeon | \$150.00 | \$150.00 | |
| 2/1/2010 | Hooman Zarrinkelk Ventura, CA 93003 Memo Reference: INC2327 |  <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Hooman Zarrinkelk, OMS Oral & Maxillofacial Surgeons | \$350.00 | \$350.00 | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL | | | | \$36,400.00 | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 01/01/2010
through 03/17/2010

CALIFORNIA
FORM **460**

Page 29 of 70

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS)

I.D. NUMBER
1235948

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|---|--|--|---|--|--------------------------------------|---|
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____% RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____% RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____% RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

| | |
|--|----------------------------|
| Statement covers period from 01/01/2010 through 03/17/2010 | CALIFORNIA FORM 460 |
| | Page 30 of 70 |
| I.D. Number 1235948 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS)

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|--|--|---|--------------------|-------------------------------------|--|-----------------------------------|
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER DATE | | CALENDAR YEAR PER ELECTION (IF REQUIRED) | |
| SUBTOTAL | | | | | Enter on Summary Page, Line 17 only. | |

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from <u>01/01/2010</u> through <u>03/17/2010</u> | CALIFORNIA FORM 460 |
| Page <u>31</u> of <u>70</u> | I.D. Number 1235948 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS)

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|--|---|----------------------------------|---------------------------|---|---------------------------------------|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from 01/01/2010

through 03/17/2010

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS)

I.D. NUMBER

1235948

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 1/27/2010 | Payee Name: Friends of Bill Emmerson for Senate 2010 Candidate Name: Bill Emmerson State Senator District 37 Jurisdiction: Senate | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$3,900.00 | \$3,900.00 | 2010S: \$3,900.00 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 2/11/2010 | Payee Name: Friends of Sam Aanestad 2010 Candidate Name: Sam Aanestad Lieutenant Governor Jurisdiction: Statewide | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$2,900.00 | \$9,400.00 | 2010P: \$6,500.00 2010G: \$6,500.00 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 2/11/2010 | Payee Name: Friends of Sam Aanestad 2010 Candidate Name: Sam Aanestad Lieutenant Governor Jurisdiction: Statewide | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$6,500.00 | \$9,400.00 | 2010P: \$6,500.00 2010G: \$6,500.00 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | | \$13,300.00 | |

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$13,300.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$13,300.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|--|--|---|
| Statement covers period from 01/01/2010 through 03/17/2010 | | CALIFORNIA FORM 460 Page 33 of 70 |
| I.D. NUMBER 1235948 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| J. Richard Eichman, CPA Sacramento, CA 95814 | PRO | | \$217.70 |
| Friends of Bill Emmerson for Senate 2010 Oakdale, CA 95361 | CTB | | \$3,900.00 |
| Committee ID: 1322949 J. Richard Eichman, CPA Sacramento, CA 95814 | PRO | | \$410.34 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

| | |
|--|--------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$14,233.75 |
| 2. Unitemized payments made this period of under \$100. | \$0.00 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$0.00 |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$14,233.75 |

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|--|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 01/01/2010 | | |
| through 03/17/2010 | | Page 34 of 70 |
| NAME OF FILER California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS) | | I.D. NUMBER 1235948 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS)

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Friends of Sam Aanestad 2010 Sacramento, CA 95833 | CTB | | | \$2,900.00 |
| Committee ID: 1294043 | | | | |
| Friends of Sam Aanestad 2010 Sacramento, CA 95833 | CTB | | | \$6,500.00 |
| Committee ID: 1294043 | | | | |
| J. Richard Eichman, CPA Sacramento, CA 95814 | PRO | | | \$305.71 |
| | | | | |
| | | | | |
| | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$14,233.75

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 01/01/2010
through 03/17/2010

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS)

I.D. NUMBER
1235948

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** _____
May be a negative number.

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 01/01/2010
through 03/17/2010

CALIFORNIA
FORM **460**

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS)

I.D. NUMBER
1235948

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL*

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

| | |
|--|----------------------------|
| Statement covers period from 01/01/2010 through 03/17/2010 | CALIFORNIA FORM 460 |
| | Page 37 of 70 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS)

I.D. NUMBER
1235948

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---------------------------------------|
| | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____ % RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____ % RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. | | SUBTOTALS | | | | | | |

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.) **NET**
(Enter the net here and on the Summary Page, Column A, Line 7.)

** If Required

(May be a negative number)

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

Statement covers period
from 01/01/2010
through 03/17/2010

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Oral & Maxillofacial Surgeons PAC (CALAOMS)

I.D. NUMBER
1235948

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|------------------|---|------------------------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

- Increases to cash of \$100 or more this period..... \$.00
- Unitemized increases to cash under \$100 this period..... \$.00
- Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$.00
- Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: INC2216

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2217

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2218

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2219

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2220

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2221

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2222

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2223

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2224

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2225

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2226

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2227

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2228

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2229

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2230

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2231

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2232

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2233

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2234

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2235

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2236

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2237

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2238

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2239

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2240

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2241

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2242

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2243

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2244

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2245

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

Memo Reference: INC2246

Intermediary: Ca Assn of Oral & Maxillofacial Surgeons 950 Reserve Drive, Suite 120, Roseville, CA 95678

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